

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117953

Entity Name: HOLISTIC THERAPY SOLUTIONS, INC

FILED  
May 13, 2005  
Secretary of State

## Current Principal Place of Business:

2200 NW 118TH AVE  
PLANTATION, FL 33323

## New Principal Place of Business:

4601 SW 128TH AVE  
SW RANCHES, FL 33330

## Current Mailing Address:

2200 NW 118TH AVE  
PLANTATION, FL 33323

## New Mailing Address:

FEI Number: 01-0560134

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAROTTA, MICHELLE K  
2200 NW 118TH AVE  
PLANTATION, FL 33323 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: OT ( ) Delete  
Name: MAROTTA, MICHELLE R  
Address: 2200 NW 118TH AVE  
City-St-Zip: PLANTATION, FL 33323

Title: S (X) Delete  
Name: MCCLURE, JUDY  
Address: 2200 NW 118TH AVE  
City-St-Zip: PLANTATION, FL 33323

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SLP (X) Change ( ) Addition  
Name: MAROTTA, MICHELLE K  
Address: 2200 NW 118TH AVE  
City-St-Zip: PLANTATION, FL 33323

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE K MAROTTA

SLP

05/13/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date